**Listening Self Check**

Rate your performance today.

**Name:**

**Date:**

**Activity:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| I concentrated on what the speaker was saying. | | ☺ | 😐 | ☹ |
| I looked at the speaker, made eye contact, and provided feedback (e.g. nodding my head). | | ☺ | 😐 | ☹ |
| I listened to make sure I understood (the instructions or the meaning). | | ☺ | 😐 | ☹ |
| I raised my hand if I wanted to add to something that was said or to share an idea. | | ☺ | 😐 | ☹ |
| I shared ideas that were appropriate for the classroom and were thoughtful. | | ☺ | 😐 | ☹ |
| I did not interrupt or disrupt the learning of others. | | ☺ | 😐 | ☹ |
| Overall, how hard did I try to listen during this activity? | C | U | S | R |
| **C** – Consistently Demonstrated Behaviour | | | | |
| **U** – Usually Demonstrated Behaviour | | | | |
| **S** – Sometimes Demonstrated Behaviour | | | | |
| **R** – Rarely Demonstrated Behaviour | | | | |

**Comments:**

**Overall, I am pretty good at**

**I think I need to work on**

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**Comments:**

**Overall, I am pretty good at**

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**Term Self-Assessment**

Based on my self-checks, rate your listening skill using the following scale (*based on the Sun West School Division Report Card*):

**Listening**

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Give reasons to support your self-evaluation.

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Signature Date

**Term Self-Assessment**

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Signature Date